



PREFACE

The California Community Foundation (CCF) is administering a competitive grant program on behalf of the County of Los Angeles for nonprofits aiding in alleviating food insecurity in response to COVID-19. Please NOTE that if your organization has received other CARES Act funding from Los Angeles County, you will not be eligible to receive this funding.

Although the portal to officially submit grant applications will not open until the week of October 19, 2020, the RFP is being posted with the intention of allowing applicants time to begin the application process and collect required documents. Applications will be due **October 31, 2020 by 11:59 pm PST.**

If you would like to be notified when the application portal has opened please complete this [short survey](#). For any questions or concerns, please email : caresforfoodsecurity@calfund.org.

DESCRIPTION

The Los Angeles County Food Security Branch ("LACFSB") was allocated approximately \$20,000,000 ("Program Funds") in Coronavirus, Aid, Relief, and Economic Security ("CARES") Act Coronavirus Relief Fund ("CRF") to support food-related programs and services implemented in response to the COVID-19 pandemic. The Program Funds may be used to provide grants to nonprofit organizations, community-based organizations, faith-based organizations, local education agencies, and public (not-for-profit) post-secondary institutions ("Grant Recipients"), to provide food and food-related services and supports to populations experiencing high levels of food insecurity and/or barriers to food access as a result of the COVID-19 pandemic during the period between March 1, 2020, and ends on December 30, 2020 ("Covered Period") resulting from the COVID-19 pandemic.

The California Community Foundation (CCF) will administer and deploy grants to qualified organizations in one round of funding. CCF projects to administer as many as 40 grants in Los Angeles County, although the total number of grants may increase upon mutual agreement by LACFSB and CCF. All grants will be paid on a reimbursement basis to Grant Recipients following submission of approved documentation supporting eligible CARES Act program expenditures.

CCF and LAFSB reserve the right to adjust the number of awards and the funding allocations

based on service category, needs of priority populations, and geographical areas of need.

ELIGIBLE ORGANIZATIONS

1. Must be a nonprofit organization, community-based organization, faith-based organization, local education agency, and/or public (not-for-profit) post-secondary institution with tax-exempt status from the Internal Revenue Service. Grant funding may not be used for religious purposes.
2. Must provide, or have provided, eligible food or food-related services to one or more priority populations in response to the COVID-19 pandemic during the Covered Period. See description of priority populations below.
3. Must demonstrate capacity to provide the proposed service during the Covered Period.

PRIORITY POPULATIONS

Priority populations were identified through review and analysis of publicly available local and national data, including the [USC Understanding Coronavirus in America Study¹](#) an assessment of service gaps in existing programs; and consultation with various subject matter experts in the field. They include:

1. Populations that are known to experience a high prevalence of food insecurity during the COVID-19 pandemic and disconnection from formal services and supports, including, but not limited to, very low income individuals and families, un/underemployed individuals, people with disabilities, and communities of color.
2. Populations that face barriers to utilizing major sources of governmental food assistance during the pandemic, including, but not limited to people experiencing homelessness and immigrant communities.
3. Populations that face barriers to utilizing traditional sources of food during the pandemic due to COVID-19 risk, including, but not limited to older adults and people with pre-existing health conditions.

¹ USC Understanding Coronavirus in America Study: <https://publicexchange.usc.edu/wp-content/uploads/2020/07/USCLAC-Food-Insecurity-Report-April-%E2%80%93-May-2020.pdf>

ELIGIBLE USES OF GRANT FUNDS

Grant funds may be used to cover unbudgeted expenses associated with COVID-19-related food services that were incurred during the Covered Period. Grant funding may not be re-granted to another recipient or used for any purpose or expense which the Grant Recipient has been or will be reimbursed under any other state or federal program. Grant funds may also not be used to “take the place of” or replace state or federal funding, regardless of whether state or federal reimbursement was, or will be sought for eligible purposes or expenses.

Eligible new and expanded food-related services may include, but are not limited to:

1. Preparation of meals
2. Purchase of meals/groceries
3. Packing of grocery kits/boxes
4. Meal/grocery distribution
5. Meal/grocery delivery
6. Outreach, promotion, and assisting eligible individuals/families with enrollment in food-related resource programs, including government benefit programs to mitigate the economic impacts of COVID-19
7. Purchase/repair of equipment, such as refrigerators, dehydrators, SNAP/EBT equipment and processors, etc.
8. Enhanced safety measures, including sanitation and personal protective equipment
9. Vouchers for food provided to populations in need
10. Unbudgeted staffing costs associated with eligible COVID-19 related food services

All uses of grant funding are subject to approval, regardless of inclusion in this or any other listing of eligible services.

APPLICATION PROCESS

Applications will be made available by the California Community Foundation (CCF) through an online portal for a two-week period. Upon the closure of the submission period, applications will be reviewed by a team comprised of CCF staff. There will only be one round of application and awards. CCF will notify all applicants of award or declination via email. All grant agreements must be completed before November 30, 2020.

TIMELINE

- October 19 - 31: Grant Application Window – [Guidelines Published](#)
- November 2-13: Application Review
- November 16 – 20: Grant Decisions Finalized / County Confirms Recommended Grantees Are Not Receiving CARES Act Dollars from Other County Programs/Notification to all Applicants of Status
*Dependent upon final approval from the County
- November 20-30: Grant Agreements are Signed

SCORING CRITERIA

A weighted scoring methodology will be utilized. Scoring categories include: (1.) Organizational Mission Fit; (2.) Proposal Strength; (3.) Track Record of Program/Service Success; (4.) Community Engagement; (5.) Evidence-Supported Model; (6.) Cost Effectiveness; and (6.) High Needs Area and/or Population.

Strong submissions will thoroughly address all questions and prompts; include all required documentation; demonstrate a clear link between the program/service and positive outcomes; utilize an asset-based approach; and, where applicable, employ a comprehensive strategy to alleviate food insecurity among one or more priority population(s). The maximum score possible is 25; submissions scored at 16 and above will be considered for funding.

ORGANIZATION INFORMATION

1. Organization Name
2. Federal Tax ID Number
3. If applicable, enter your fiscal sponsor organization's name and Federal Tax ID.
4. Is your organization not-for-profit? **(yes/no)**
5. Type of organization
 - a. Community-Based Organization
 - b. Faith-Based Organization
 - c. Academic Institution
 - d. Other (please specify)
6. Application Contact
7. Application Contact Phone
8. Mailing Address
9. City

10. County
11. State
12. Zip Code
13. Organization Phone Number
14. Website URL
15. Executive Director Name
16. Executive Director's Email
17. Authorized Signer for Grant Agreements
18. Authorized Signer's Email
19. What is your organization's most recent annual operating budget?
20. Number of Full-Time Paid Staff
21. Number of Part-Time Paid Staff
22. Number of Volunteers Annually
23. Organization Mission Statement
24. Organization's Years of Service

DIVERSITY, EQUITY, AND INCLUSIVITY (DEI) INFORMATION OF THE GRANTEE (Optional)

25. Ethnicity - Board, Senior Staff, Staff, Volunteer Staff
26. Gender - Board, Senior Staff, Staff, Volunteer Staff
27. Sexual Orientation - Board, Senior Staff, Staff, Volunteer Staff
28. Disability - Board, Senior Staff, Staff, Volunteer Staff

PROGRAM/SERVICE PROPOSAL

29. Program/Service Name
30. Requested Grant Amount
31. Requested Covered Period (March 1, 2020 – December 30, 2020).
 - a. Eligible expenses that were incurred within the Covered Period from March 1, 2020 through September 30, 2020 are eligible for reimbursement. If costs are estimated to occur between October 1-December 30, 2020, those costs may be eligible for reimbursement, as well. Applicants may submit expenses for either (or both) periods within the Covered Period.

- b. Amount of total expenses incurred within Covered Period beginning March 1, 2020 through September 30, 2020.
- c. Estimated total expenses to be incurred (prospective costs) from October 1, 2020 through December 30, 2020.

32. What Service Planning Area(s) (SPA)² would the program and/or service serve? Select all that apply.

- SPA 1 – Antelope Valley
- SPA 2 – San Fernando Valley
- SPA 3 – San Gabriel Valley
- SPA 4 – Metro LA
- SPA 5 – West LA
- SPA 6 – South LA
- SPA 7 – East LA
- SPA 8 – South Bay

33. What Supervisorial District(s) would the program/service serve? Select all that apply.

- First Supervisorial District
- Second Supervisorial District
- Third Supervisorial District
- Fourth Supervisorial District
- Fifth Supervisorial District

34. What type of food-related service would the grant support? Select all that apply.

- Preparation of meals
- Purchase of meals/groceries
- Packing of grocery kits/boxes
- Meal/grocery distribution
- Meal/grocery delivery
- Identifying and assisting eligible individuals/families with enrolling in government benefit programs to mitigate economic impacts of COVID-19

² Los Angeles County Service Planning Area (SPA) map:
<http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>

- Purchase/repair of equipment, such as refrigerators, dehydrators, SNAP/EBT equipment and processors, etc.
- Enhanced safety measures, including sanitation and personal protective equipment
- Vouchers for food provided to populations in need
- Unbudgeted staffing costs associated with eligible COVID-19 related food services
- Other (please specify)

35. Briefly summarize the COVID-19-related food need(s) that the program/service would address. **(200 words or less)**

36. Describe the proposed program/service. The response should include the following, with clearly delineated sections. **(2500 words or less):**

(a.) program/service model, including, but not limited to: how this program/service is new/expanded specifically in response to COVID-19; key components, rationale for service (e.g., evidence-based approach, why prepared meals vs groceries?, etc.), staffing, clients served, and any costs to clients.

(b.) brief overview of how grant funds will be used, including whether funds will be used for services already provided or services to be provided, and the timeframe of service within the Covered Period (March 1- December 30, 2020) .

(c.) intention and capacity to provide and/or incentivize healthy foods over unhealthy foods³, if applicable,

(d.) plan to cross-promote other food resources for which the priority population may be eligible, if applicable, (i.e., CalFresh enrollment, WIC enrollment, etc.)

(e.) efforts to utilize local producers and businesses, in accordance with the Good Food Purchasing Program⁴, if applicable; and

(f.) actual/projected outcomes and associated outcome measures.

Please upload any documents supporting the information provided. Documents should be labeled with the associated section. **Upload link**

³ Healthy Food Donation List: http://hungerandhealth.feedingamerica.org/wp-content/uploads/legacy/mp/files/tool_and_resources/files/healthy-food-donation-list.pdf

⁴ Good Food Purchasing Program: <https://goodfoodcities.org/values/>

PRIORITY (TARGET) POPULATION(S)

37. Describe the priority population(s) and associated COVID-19-related food need(s) that would be addressed by this grant (see section Priority Populations above). The response should be supported by evidence, including associated citations. Examples of acceptable evidence include but are not limited to publicly available local and national data, including the [USC Understanding Coronavirus in America Study](#)⁵ and 211LA Utilization Data⁶. **(500 words or less)**
38. Have you worked with the priority population in any capacity for at least two (2) years within the last five (5) years? **yes/no**
39. If yes, describe your experience working with the priority population for at least two (2) years within the last five (5) years, if applicable. Describe if/how priority populations helped inform programs/services. **(500 word or less)**
40. Indicate the racial and ethnic population(s) that would primarily be served by this grant. Select all that apply.
- African American
 - Asian
 - Native American
 - Caucasian/White
 - Pacific Islander
 - Latinx (specify, if possible)
 - Southeast Asian
 - Other (please specify)

TIMELINE AND MILESTONES FOR PROPOSED PROGRAM/SERVICE

This section is only required for applicants proposing services to be provided within the Covered Period but have not yet had costs incurred. Specifically, applicants may have costs to be incurred between October 1 – December 30, 2020; and therefore, not considered costs already incurred and seeking reimbursement prior to submission of this application.

⁵ USC Understanding Coronavirus in America Study: <https://publicexchange.usc.edu/wp-content/uploads/2020/07/USCLAC-Food-Insecurity-Report-April-%E2%80%93-May-2020.pdf>

⁶ 211LA Utilization Data: <https://public.tableau.com/profile/211.la.county#!/vizhome/COVID-19FoodNeedsDashboard/Covid-19FoodDashboard?publish=yes>

41. If applicable, describe the timeline for implementation of the proposed program/service and expenditure of grant funds during the Covered Period. The response should identify key milestones to demonstrate capacity to implement and successfully provide the proposed program/service (e.g., hire staff, purchase equipment, serve clients, collect data, report outcomes, etc.)

PROGRAM/SERVICE BUDGET AND FINANCIAL INFORMATION

42. Provide the total cost of service(s). The response should include information such as: cost per meal, cost per delivery, meal-equivalent (total number of meals or meal-equivalents divided by total cost of the food service), etc., as applicable. **(300 words or less)**
43. Provide a program/service budget breakdown explaining, by category, how the grant funds will be used (e.g. reimbursement of overtime salaries not budgeted for prior to COVID-19, services, supplies, etc.). The response should include a brief narrative of expenses, along with a table of individual cost components.
44. Has your organization received or applied for any additional funding related to COVID-19 relief efforts? **yes/no**
- If yes, please describe.
45. Provide the financial numbers below for your most recently completed fiscal year. These are not required to be audited numbers. If unavailable, provide an explanation.
- Fiscal Year End Date for numbers provided
 - Are the financial numbers provided below audited?
46. Provide organization's most recent budget that was approved as of March 27, 2020 as support to demonstrate new or expansion of the existing programs to address COVID – 19.

Financial Attachments

Balance Sheet

47. Cash & Cash Equivalents
48. Current Assets
49. Total Assets
50. Current Liabilities

- 51. Total Liabilities
- 52. Total Net Assets
- 53. Unrestricted Net Assets

Income Statement / Statement of Activities

- 54. Income from fundraising/foundation
- 55. Income from Gov't contracts
- 56. Earned Income
- 57. Total Revenue
- 58. Total Expenses
- 59. Net Income (loss)
- 60. Most Recent Form 990
- 61. Most Recent Audited Financials (if available)
- 62. Organization Actual vs. Project Budget for most recently completed fiscal year
- 63. Organization Actual Budget vs Projected Budget for current fiscal year
- 64. Project/Grant Budget, [using linked template](#)
- 65. Please indicate any additional information you wish to highlight about the program/service budget or organization's financials.
- 66. List 3 significant funders, gifts, or contracts from the last 12 months, including grant amount and percentage of your total funding. Indicate whether listed gifts are from individuals, foundations, government entities, or other (specify).
- 67. Have you ever received a grant from a public agency, such as Los Angeles County?
- 68. Have you applied for CARES Act funding from another County CARES Act program?
- 69. If yes, has the County approved that request?
- 70. Has your organization applied for and received a Paycheck Protection Program (PPP) loan?
- 71. If yes, is it still outstanding or has it been paid-off?

OTHER ATTACHMENTS

- 72. Geo Area- Zip Codes
- 73. Board of Directors Roster
- 74. Key Staff Bios